

Judith A. Monroe, M.D. State Health Commissioner



HPV vaccine in relation to their daughters. Please check one of the responses listed below and return this form to the school. Please do not put your name on this form. Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department.	Date
State law (IC 20-34-4-3) requires that schools provide information to the parents or guardians of all sixth grade female students on this important topic. Please read the Fact Sheet provided by the Indiana State Department of Health and return the response form below to the school. Information about Human Papillomavirus (HPV) infection and vaccine can also be obtained from a family doctor or health care provider, the local health department, or the Indiana State Department of Health website: www.in.gov/isdh/programs/immunization/immunization.htm State law (IC 20-34-4-5.5) requires that the school collect information from parents/guardians about the HPV vaccine in relation to their daughters. Please check one of the responses listed below and return this form to the school. Please do not put your name on this form. Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number, My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine. I do not want to provide this information to the school.*	To Parents/Guardians of Sixth Grade Female Students:
sixth grade female students on this important topic. Please read the Fact Sheet provided by the Indiana State Department of Health and return the response form below to the school. Information about Human Papillomavirus (HPV) infection and vaccine can also be obtained from a family doctor or health care provider, the local health department, or the Indiana State Department of Health website: www.in.gov/isdh/programs/immunization/immunization.htm State law (IC 20-34-4-5.5) requires that the school collect information from parents/guardians about the HPV vaccine in relation to their daughters. Please check one of the responses listed below and return this form to the school. Please do not put your name on this form. Please complete this form by	Important Information about Human Papillomavirus (HPV) Infection and Vaccine
family doctor or health care provider, the local health department, or the Indiana State Department of Health website: www.in.gov/isdh/programs/immunization.htm State law (IC 20-34-4-5.5) requires that the school collect information from parents/guardians about the HPV vaccine in relation to their daughters. Please check one of the responses listed below and return this form to the school. Please do not put your name on this form. Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number). My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine. I do not want to provide this information to the school.*	sixth grade female students on this important topic. Please read the Fact Sheet provided by the
HPV vaccine in relation to their daughters. Please check one of the responses listed below and return this form to the school. Please do not put your name on this form. Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number). My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine. I do not want to provide this information to the school.*	family doctor or health care provider, the local health department, or the Indiana State Department of
HPV vaccine in relation to their daughters. Please check one of the responses listed below and return this form to the school. Please do not put your name on this form. Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number). My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine. I do not want to provide this information to the school.*	
I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number) My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine. I do not want to provide this information to the school.*	
and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number) My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine. I do not want to provide this information to the school.* Date	this form to the school. Please do not put your name on this form.
My daughter will receive the HPV vaccine series in the future I do not want my daughter to receive the HPV vaccine I do not want to provide this information to the school.* Date	Please complete this form by and return it to at the school.
I do not want my daughter to receive the HPV vaccine I do not want to provide this information to the school.* Date	Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or
I do not want to provide this information to the school.* Date	Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or
Date	Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number)
	Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number) My daughter will receive the HPV vaccine series in the future.
*A student may not be prevented from enrolling in, attending, or graduating from school for not	Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number) My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine.
	Please complete this form by and return it to at the school. I have read the information provided by the Indiana State Department of Health about HPV infection and the HPV vaccine. I understand that this vaccine is available from my health care provider or through the local health department. My daughter has already received 1 2 3 doses of the HPV vaccine. (Please circle the correct number) My daughter will receive the HPV vaccine series in the future. I do not want my daughter to receive the HPV vaccine. I do not want to provide this information to the school.*



providing this information to the school.

☐ Laboratories 635 North Barhill Dr. Room 2031, Indianapolis, IN 46202 317 233 8000

Weights & Measures 2525 N. Shadeland Ave. Suite D3, Indianapolis, IN 46219 317.356.7078 ext. 221





Human Papillomavirus (HPV) Fact Sheet

Human Papillomavirus (HPV) Infection

- HPV is a virus that causes many infections. HPV infection is one of the most common sexually transmitted diseases (STD). This infection is spread by skin-to-skin contact during sex with a person infected with HPV. It causes genital warts or infection of the cervix (the upper part of the vagina) which connects the uterus or womb.
- The best way to prevent getting HPV is to not have sex, because a person usually can't tell if he or she is infected. Infected people can give the virus to others during sexual contact without knowing it. Most females get HPV soon after becoming sexually active.
- Even though the HPV infection can go away on its own, it may last for months or years. There is no medication to treat HPV infection so it is very important to prevent infection or find its presence early.
- HPV infection can cause cervical changes that can lead to cancer of the cervix. It can also cause cancer of other genital organs. A Pap test, which examines the cells of the cervix, can find the presence of these cervical changes due to HPV infection. If the Pap test shows abnormal cells, a health care provider will do more tests and/or provide treatment as needed.

Human Papillomavirus (HPV) Vaccine

- In June 2006, the U.S. Food and Drug Administration (FDA) licensed a vaccine that can prevent HPV infection. It is to be used in girls and young women 9 to 26 years old. It is the first vaccine that can prevent cervical cancer.
- There are over 100 different types of HPV virus. The vaccine only protects against four types of HPV. Two types (types 16 and 18) are known to cause 70% of cervical cancer. The other two types (types 6 and 11) can cause 90% of genital warts. The vaccine has been found to be 90-100% effective in preventing these four types of HPV infection. The vaccine does not treat girls or young women who are already infected with these four types of HPV or have genital warts.
- The new vaccine is a series of three shots over six months. The vaccine is not made from live virus nor does it contain thimerosal or mercury. The vaccine is not licensed to give to boys and young men, although it is being tested in males.
- Because the vaccine prevents infection by these four types of HPV, it works best in girls and young women who have not been in contact with the HPV infection. The vaccine is licensed for girls/young women ages 9 to 26 years. The vaccine has been found to give better protection at the younger ages as compared to older ages. The Centers for Disease Prevention and Control (CDC) Advisory Committee on Immunization Practices recommends the HPV vaccine for all 11 and 12 year old girls and for those 9-26 who have not yet been vaccinated. Any concerns or questions should be discussed with a health care provider.

- No one knows how long the vaccine will protect a recipient. Research has shown that there is at least a 5 year protection rate. The vaccine is not recommended for someone who is pregnant. The vaccine is not recommended for those who have something wrong with their immune system or certain other medical conditions. Major side effects are rare. The most common side effects are swelling or redness at the site of the shot and possibly fainting or nausea. These side effects are the same as with other vaccines.
- The vaccine does not replace the need for cervical cancer screening through Pap tests. All girls and young
 women who have received the HPV vaccine and are sexually active, need regular Pap tests to find
 precancerous changes in the cervix and to have any precancerous changes treated before cervical cancer
 develops.

This information is provided by the Indiana State Department of Health as required by Public Law 80 (Senate Enrolled Act 327) of 2007.

Questions may be directed to the Indiana State Department of Health Immunization Program at 1-800-701-0704.